



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the patent application of)
Michael S. Bender)
Application No: 09/801,410)
Filing Date: March 8, 2001)
For: SYSTEM FOR IDENTIFICATION)
OF SMART CARDS)

Docket No. SUNMP588

Group Art Unit: 2135

Examiner: Hosuk Song

Date: January 4, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 4, 2006.

Signed: _____

Jaya Nair
Jaya Nair

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

This is in response to the Office Action mailed on October 4, 2005. Please enter the following amendments and remarks in the above-identified patent application:

Amendments to the claims are reflected in the Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

2135
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processingMail Stop Amendment
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Signed: Jaya Nair
Jaya Nair

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	<u>22</u> -	<u>30</u>	<u>0</u>	X25 = \$	OR	X50 = \$0
INDEP CLAIMS	<u>03</u> -	<u>03</u>	<u>0</u>	X100 = \$	OR	X200 = \$0
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$180		\$360
			TOTAL	\$ _____		\$0

- ☐ Applicant(s) hereby petition for a _____ month extension of time to respond to the outstanding Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0805.
- ☐ Enclosed is our Check No. ***** in the amount of \$00 to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0805 (Order No. SUNMP588). A copy of this sheet is enclosed.

Respectfully submitted,
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